

Consumer advertising influences doctors' prescribing, study finds

Scott Gottlieb New York

Drug advertising that is aimed directly at consumers can have important effects on treatment decisions. This is the conclusion of new research that tested doctors' responses to specially briefed patients who were sent to their clinics.

Dr Richard Kravitz of the University of California's Department of Internal Medicine and colleagues created six standardised patients by crossing two conditions (major depression or adjustment disorder) with three different typical requests that patients might make of their doctors (a request for a specific brand of drug, a general request for a class of drugs, or no request for any drug) (*JAMA* 2005;293:1995–2002). These standardised patients, who were played by actors, were then randomly assigned to make 298 unannounced visits to primary care doctors.

The overall rates of prescribing of antidepressants were highest for visits in which

patients made general requests for a class of drug (76%), lowest for visits in which patients made no requests for a drug (31%), and in between for visits in which patients asked for specific brands linked to direct to consumer advertising (53%).

Minimally acceptable initial care, which the authors regarded as any combination of an anti-depressant, referral to mental health specialists, or follow up within two weeks, was offered to 98% of the patients in the major depression role who made a general request, 90% of those who asked for a specific brand, and 56% of those who made no request ($P<0.001$).

The drug that some patients were told to ask for, paroxetine, was rarely prescribed unless specifically requested. For example, among the patients portraying major depression, paroxetine was prescribed to 3% of patients who made no specific request but was prescribed to 27% of patients who asked for the drug by name.

In the adjustment disorder group, paroxetine accounted for two thirds of all antidepressant prescriptions to patients who asked for a specific brand but about a quarter of prescriptions given to those who made general requests.

"These results underscore the idea that patients have substantial influence on physicians and can be active agents in the production of quality," the authors wrote. "The results also suggest that DTC [direct to consumer]

advertising may have competing effects on quality, potentially averting underuse, while also promoting overuse."

In an accompanying editorial Dr Matthew Hollon, from the University of Washington, Seattle, wrote, "Relying on emotional appeals, most advertisements provide a minimal amount of health information, describe the benefits in vague, qualitative terms, and rarely offer evidence to support claims." □



Patients asking for a specific drug, such as one of those in the direct to consumer advertisements shown above, are more likely to leave with a prescription than those who don't ask for a drug

Emergency contraception is under attack by US pharmacists

Janice Hopkins Tanne New York

A growing number of pharmacists across the United States are refusing to fill prescriptions for emergency contraception, even in cases of rape. Some pharmacists won't fill prescriptions for oral contraceptives for moral and religious reasons.

Karen Pearl, interim president of the Planned Parenthood Federation of America, said, "We're getting more and more reports [of denials to fill prescriptions] from more and more states. This is a clearly orchestrated movement to stand in the way of women getting the birth control they need. Pharmacists are standing in the middle of the doctor-patient relationship."

The "conscience clause" trend began several years ago

when doctors and healthcare workers were allowed to refuse to take part in abortions (*BMJ* 2004;329:476). Some states allow pharmacists to refuse to fill prescriptions, while other states require them to.

The *News & Record*, a North Carolina newspaper, reported that some pharmacists were destroying prescriptions, giving patients speeches on morality, and stalling the patient beyond the point where emergency contraception would be effective.

In Illinois the governor issued an emergency order requiring pharmacists to stock emergency contraceptives and to fill prescriptions quickly. He was challenged by a conservative group. Legislatures in several states are fighting over whether hospitals, including Catholic hospitals, must tell women who have been raped about emergency contraception.

While Canada became the 34th country to approve the emergency contraceptive "Plan B" without a doctor's prescription on 19 April, the US Food

and Drug Administration continued delaying approval, which was expected in January (*BMJ* 2004;328:1219). The manufacturer of Plan B, Barr Pharmaceuticals, first sought approval in 2003.

To protest about the FDA's delay two US senators—Hillary Rodham Clinton of New York and Patty Murray of Washington state—have blocked the approval of Dr Lester Crawford as the new head of the FDA.

The Democrats introduced federal legislation requiring pharmacies that serve people on the federal Medicare healthcare programme (for elderly people) or Medicaid (for poor people)—which would probably be most US pharmacies—to fill all prescriptions or refer the customer to a pharmacy that would.

Supporters of emergency contraception say that the emergency contraceptive, a high dose of ordinary oral contraceptives, could reduce the number of abortions. About 1.3 million abortions are performed each year in the United States.

Opponents of contraception, such as Pharmacists for Life International, say that a human being is created when sperm and egg unite and that because contraceptives may prevent implantation using them is the same as abortion. Other opponents say that emergency contraception promotes promiscuity.

The American Pharmaceutical Association, which represents more than 50 000 pharmacists, reacted angrily to a *New York Times* editorial (2005 April 3; sect 4, 12) that said that pharmacists should fill doctors' prescriptions or find another line of work.

The association recommends "appropriate staffing within a pharmacy, proactively directing patients to designated practices, and working with physicians and other prescribers to establish alternative dispensing methods."

Such proposals won't work, said Ms Pearl. Health insurance plans required many women to get prescriptions filled at a particular chain of pharmacies, so their choice was restricted. □